PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimo

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			,11
Reg.	Diat.	No.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town S and New Werker	State County
(If outside city or town limits, write RURAL und give nearest town) How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No
	(If rurui, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
affie.a. Brown	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female where Marked	2D. DATE OF DEATH OLD 1955 at 9 All M
6.(b) Name of husband or wife	21. I CERTIFI that death occurred on the date above stated; that lattended deceased from
	X217 28 445
7. Birth date of deceased (mo., day, yr.) From 5 1879	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
66 10hrsmln.	1 Beart 1
9. Birthplace eludi	Que to Possely arlus Schluss,
(Town, county, and state)	
	Due to Della Company
11. Industry or business	Maria
12. Name balanthus Coudetson	8ther conditions
H 14. Malden name Slegabette Shaw	(Include pregnancy within 3 months of death)
15. Birthplace Ohio	Major findings of operations.
(1) (1) (1) (1) (2) (1) (1)	Date of op.
16. Informant	Autopsy results
Address ast few in acties	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Commutery	Where did injury occur? (City or town) (County) (State)
Location Gast new market	Injured at home, farm, industry, public place (where?)
18. Funeral director 4.13. Willowskie	Means of tnjury Injured at work?
Address at hew market,	Alexa 1
D. 1- 2 11-80 - 1-101	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) 19. Clay ab Uh Amick Registrar	the state was up a ser

OCI 24 1945
BUREAU V.S.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	Reg.	Diat.	No.	116	
_					

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Mary W. Byr	n - were
4. Sex 5. Color or rice 6.(a) Single, married, widowed, or divorced Sugle	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. A S A M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw hes alive on Delay 0 1945
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one daymin.	Permisions anemia / year +
9. Birthplace	and Perelial Terestia
10. Usual occupation.	Due to
11. Industry or business	
12. Name Um. Welve dyn.	Other conditions Semility
	(Include pregnancy within 3 months of death)
14. Maiden name. Clara Dyn. 15. Birthplace Alor Co.	Major findings of operations.
Z 15. Birthplace	Date of op.
16. Informant	Actopsy results
Address Called Maria 1914	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery of crematory.	Where did injury occur?
Location Capuling md.	Injured at home, farm, industry, public place (where?)
7J 07 1 40 3 from 1	Meens of Injury Injured at work?
Address Caulrich And	MATURE Eldrides Heldflud
19	Address Cacubridge Md Date signed 10-19 46

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PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

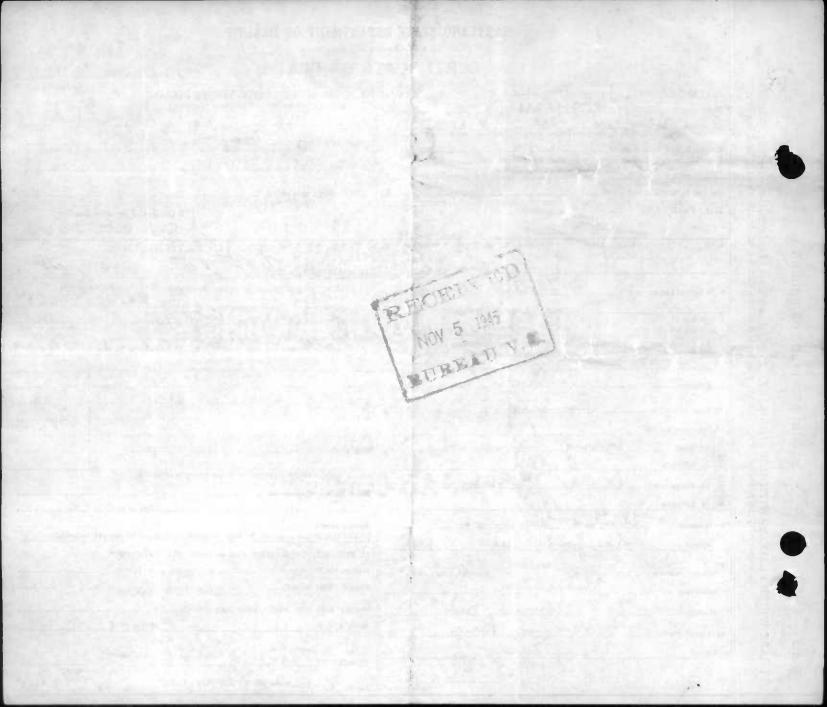
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10043 Reg. Dist. No. 1/3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County / Morchester	(For newborn infants give residence of mother)
	State Md County Dorchester
(If out the city or town limits, write RURAL and give nearest town)	State
(If outside city or town limits, write RURAL and give nearest town)	Dealord Bel (P.C)
How long in above place of death?	(If ontaide city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred;	(A change day of contracting and give accept to the
A STATE OF S	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	
now long in nospital or institutions	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
7	
Trank 100	221-05-5343
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
Treat	MEDICAL CERTIFICATION
m M	MATIE WILL CE
Married Married	20, DATE OF DEATH OF 19 45 at 5 PM
41 + 10-	
6.(b) Name of husband or wife. Haus Dames	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(· ŋ	001/3 1946 to 07/8 1968
7. Birth date ot \$6.(c) It elive, give age \$2 years	
I birth date of	and that I last saw h. Line alive on
deceased (mo., day, yr.) 100 17 - 1903	Igmediate cause death DURATION
8. AGE: Years Months Days It less than one day	I relieve area delivate 7/12am
111 11 20	
41 10 29hrsmin.	
A. I to I had	
8. Sirihpiace Non-Chuster Cos. 110	Due to
(Town, connty, and atate)	
10. Usual occupation.	***************************************
	Due to
11, Industry or business	
E	***************************************
12. Name Carrier 13. Birthplace	Dther conditions
\$ 13. Birthplace // d Md	
	(Include pregnancy within 3 months of death)
14. Malden name	(incinde pregnancy within a months of death)
E 19. Maidell Maille	Major findings of operations
≥ 15. Birthplace O	
40 -4.	Date of op.
18. Informant Platis Carron	Autopsy results
1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address seaford flet 11. N.	
R	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Bural Date thereot 10.18.1945	Accident, suicide, or homicide
(Burial, eremetion or removal Which?) (month) (day) (year)	
Cemetery or crematory Jalestonn	Where did injury occur?
0 . 1	(City or town) (County) (State)
Location Lalestonn no	Injured et home, farm, industry, public piace (where?)
18. Funeral director Oravenor Bros	Means of injury Injured et work?
10. I BIICH I BIICHIII	4/10
Address Dhuston Md	15. Tullman
MODE	23. SIGNATURE / 6. V. MILLIAM
(Not 17 - 45 Hada that was	M. D. weather
19. 000 (10)000000	V/1 and men / 10/19/41
(Date rec'd by registrar) Registrar	Address Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

10144	
Reg. Dist. No.	116

	Reg. Dist. No.
1. PLACE OF DEATH DOLL ON TON CO	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County City or town	State
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No
	(If rursl, give LOCATION)
How long in hospital or institution? 3. (a) FULL NAME	. 2.(a) 11 veteran, name war
martha Carr	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
fenale Col morried	20. DATE OF DEATH OCK 3/ 15 21 8 P. M
6.(b) Name of husband or wife	21. I SERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	S 100
deceased (mo., day, yr.)	and that I last saw h alive on
8. AGE: Years Months Days It less than one day	Grehal Kemonhaft 4 day
and roused and	- Cantin - 12 and and Marcale March
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Andrew Company	- Que to
11. Industry or business	p.f. in fifty
12. Name	Other conditions Arone Chole a Stelle - 248
El 13. Birthplace Charles Marie El 1990 Para Cha	(Include pregnancy within 3 months of death)
14. Maiden name Mannah Erman	Major findings of operations
≥ 15. Birthplace What a way	- Date of op.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Bring war 1 10	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Wbich?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Corrollory	Where did injury occur?
Location Combraction Tool	Injured at home, farm, industry, public place (where?)
18. Funeral director Solver Thory new	Means of Injury Injured at work?
Address andrida For	- on contract the British of Junker man
19 11- 1- 10 to John Traceste	23. SIGNATURE M. D. or other M. D. or other
(Date rec'd by registrar)	Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

	2411	N.	Charles	St.,	Balt	imore	(61)
CER	TI	FI	CATI	E (OF	DEA	HTA

Reg. Diat. No.....

1. PLACE OF DEA	TH: Dorch	ester		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nearest town)				State Maryland county Dorchester		
				City or town Cambridge (If outside city or town limits		
How long in above place Hospital, institution, or	of death? street address where	death occurren	al years			
Waugh Cl	napel -	High	St. Cambridge.	Street No. 41 Douglass	LOCATION)	**********
		-		2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
	Jessie	Corn	ish			
4. Sei	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Female	colored	Ma:	rried	2B. DATE DF DEATH October 1	19.45	,all-35A
6.(b) Name of husband	or wife Cha	rles	E.Cornish	21. I CERTIFY that death occurred on the date about		
		8.(c) If allve, give age50 years	X		
7. Birth date of deceased (mo., day, ye	o Octob	er 17	1891	and that I last saw hX. alive on		
8. AGE: Years	Mooths	Bays	If less than one day	Immediate cause of death Myocarditis (Chr		
53	11	27	Xhrsmln.	Myocargruis Lym		~ 0
9 Rirthniece Ms	aryland		state)	Due toX		***************************************
	(Town,	county, and	state)		***************************************	* *************************************
10. Usual occupation	nouse	MTT6	•••••••••••••••••••••••••••••••	Due toX		
11. Industry or business						
12. Name				Other conditions Diabetes Mel	litus	2 yr.
		aryla		(Iuclude pregnancy within 8 n	nowths of dooth)	
質 14. Malden name	Della	Blak	9	Major findings of operationsX		
14. Malden name		Maryla	and	Major findings of operations		
	nanles E	Com	ish	Autopsy resultsX		
				PHYSICIAN: Please underline the cause to wh	ich death should be charged	statistically.
			Cambridge, Md.	22. VIOLENCE: If death was due to externat cau	ses, fill in the following:	
(Burial, cremation, or removal. Which?) Bate thereof Oct 2/ 9 XX (month) (day) (year)			eof OCT 2/ 19XJ	Accident, sutcide, or homicide		X
Cemetery or crematory. Was an Cernetery				Where did injury occur?		
P. 1.01 - IVI				tnjured at home, farm, industry, public place (wh		
LocationC.Q	JAPRIC	200	2	Means of injury	Injured at work?	x
16. Funeral director			ery con		111,01,02 01 110111	
Address lombridge Md			Me	an avertino D. The This	ives Adi	Med. Elan
10-22	19 46	10	lew Frace In 12		M. D.	
(Date rec'd by reg	dstrar)		Registrar	Cambridge, Md.	Date signed	ct.14/4

MARKALIO TATE DE LA PRINCIPIO DE MELATRE LICENTE DE LA PROPERCIONE DE LA PRINCIPIO DE LA PRINC

OCT 24 1945
BUREAU V.M.

VS AJS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-8

CERTIFICATE OF DEATH

	10048
Reg. Dis	t. No. 116

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1. PLACE OF DEATH: 40	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town Caulridge	State Med County anne armedel
City or town	City or town aucapolis
How long in above place of death?	(If outside city or town limits write RURAL and give nearest town)
Hospital, institution, or street eddress where death occurred:	Street No. 305 1). Junden and
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
al and Cressle	
alonga del de ge	lou 214-05-253/
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
My white married	20. DATE DE DEATH OCK 26 th 1941 of 12401 M
Bentina Man 201/	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
6.(b) Name of husband or wife.	
	10-120 1941- 10 10/26 1941
7. Birth date of deceased (mo., day, yr.) august 8, 1902	and that I last saw h alive on 10/2/6
8. AGE: Years Months Days If less than one day	Immediate cause of death terment with complete DURATION
(3)	Suppression of lime 2 days
43 2 /8min.	V V
9. Birtholace Fishing Creek mg	metal Busifficeining Diletation 1. Tyram
(Town, county, and state)	+ Bacantala Autin
10. Usual occupation Cetured Seamen	
D 00.1 1 1.1.7	Due to
11. Industry of vasiness.	
12. Name	Ther conditions
13. Birthplace Noc Co.	
	(Include pregnancy within 3 months of death)
14. Malden name	Major fiedings of operations no aparation
E 15. Birthplace	Date of os.
mrs. a. Lee Cressition	And Date of op.
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 200 / rudeware autophym	
17 Burnal Bate thereof Oct 25 1945	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery of Grematory Clear Houff	Where did injury occur?
and Had	
Localion	Injured at home, farm, Industry, public place (where?)
18. Funetal director. The survey of the surv	Means of Injury Injured at work?
0 . 0 . 1	4 8-1
Address Caucing, Ma	23 SIGNATURE Stule
" Oct. 27-145 Color Mace to Y	M. D. or other
(Date ree'd by registraf)	Address Cambrilly & M. Bate signed 10/26-1945



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0

10047 Reg. Diat. No. / U

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Ten a white Married B.(b) Hame of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) T. L. 5 - 1864 8. AGE: Years Months Days If less than one day 2	end that I last saw h live on Duration Immediate cause of death Coronary Culsusors Somin.
9. Birthplace (Town, county, and state) 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace	Due to Dise ase will alternable roses Other conditions
13. Birthplace School Rebession Meakins 14. Maiden name School Rebession Meakins 15. Birthplace Fishing Ceele Inc. 16. Informant Mass Carlot Leng Line Leng Line 16. Informant Mass Carlot Leng Line 17. Length Mass Carlot Leng Line 18. Length Mass Carlot Leng Line 18. Length Mass Carlot Lengt	(Include pregnancy within 8 months of death) Major findings of operations. Date of op.
Address Juny Colombia 9 1945 17. Bunial Communication of removal Which?) Cemetery or crematory. A Survey Communication of C	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Delung week med 18. Funeral director G. S. Surmiger Address Cambridge med Meal 19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	Injured at home, farm, Industry, public place (whers?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address Address Address Address

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OCT 15 1945
BURBAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

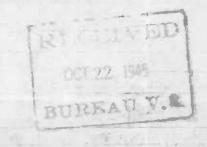
2411 N. Charles St., Baltimore

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116

4	L (3)	48
Reg.	Dist.	No

County	DOI	cheste	r	(For newborn infants give residence of mother)		
Cambridge City or town(If outside city or town limits, write RURAL and give nearest town)		state Maryland county Talbot				
How long in above place Hospital, institution, or	e of death?	yrs. 2	mos	City or town(If outside city or town limit	ts, write RURAL and give i	nearest town)
nospital, institution, of	Eastern Sh	ore St.	ate Hospital	Street No.		
How long in hospital o					e LOCATION)	1
				2.(a) If veteran, name war		
3. (a) FULL NAM	James Edv	vard El	liot		3. (b) Social Securit	y Number
4. Sex	5. Color or race	6.(a)Singl	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	Ma	rried	20. DATE OF DEATHOctober	19.4.5	atll AM
6.(b) Name of husband	or wife Unkr	nown		21. I CERTIFY that death occurred on the date ab	ove stated; that I attended de	ceased from
				June 1 19	49 to Octo	ber 14, 45
7. Birth date of deceased (mo., day,)	yr.) Octob	er 12	c) If alive, give ageyears 1895	and that I last saw h. in alive on	October 16	19.45
8. AGE: Years 50	s Months	Days 4	If less than one dayhrsmin.	Immediate cause of death	romposis	23
10. Usual occupation	Truckst	er	Mrayland state)	Oue fo		
12. Name			ttmico Md.	Other conditionsGeneral	Paresis	10 y
	August	a Gosl		(Include pregnancy within 3	months of death)	****
14. Maiden name. 15. Birthplace			***************************************	Major findings of operations		
15. Birthplace	East New	w Marke	t, Dorchester Cy Mo	•		
16. Interment	Hospi	tal Re	cords	Autopsy results		
Address	_		,Maryland	PHYSICIAN: Please underline the cause to w	hich death should be charge	d statistically.
(sh	al		eot Och 19 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide		
Cemetery or cremation	M	ande	lla buing	Where did injury occur?(City or town)		
Location	Men	Long	a Affricago	Injured at home, farm, industry, public place (w	where?)Injured at work?	******************************
18. Funeral director	J. Dell	4 Olo	wa (Means of Injury	Injureu at work?	
Address	Sastory, V	ud.	01	23. SIGNATURE SIGNATURE	m. Bene.	my
19. 10 (A)	gistrar)		TV- Plences Registrar	Address anshuti	M. D. Date signer	0. or other (6/64-



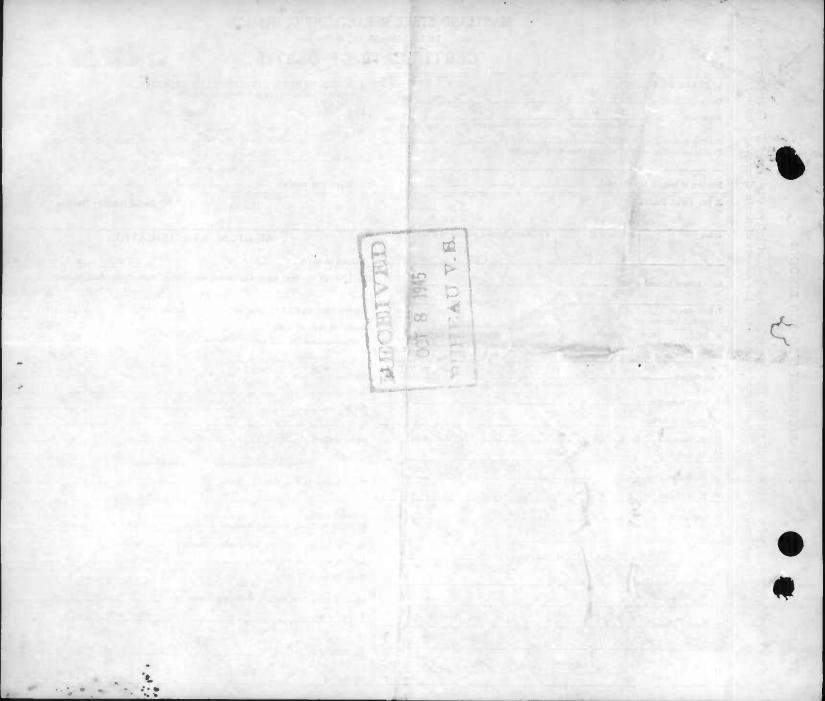
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-7)



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A	Reg.	Dist. I	Vo5	116

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	town)
3. (a) FULL NAME	3. (b) Social Security Num	aber
Thous Ellall		
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Calack Middle	MEDICAL CERTIFICATION 20. DATE OF DEATH. Clatolic 19.44.1., at.	/0:40 M
6.(6) Name of husband or wife	21-I CERTIFY that death occurred on the date above stated; that I attended deceased	from
7. Birth date of deceased (mo., day, yr.) Maluh L S 5 9	and that I last saw h. alive on September 2.7	19. 4. / -
8. AGE: Years Mooths Days If less than one day	Immediate cause of death	BURATION
9. Birthojaca Cowed town		18 m
(Town, county, and state) 1D. Usual occupation.	Due to	
11. Indostry or business		
12. Name Mashington Ellott 13. Birthplace		244
14. Maiden name Malalt Ellatt 15. Birthplace	(include pregnancy within 3 months of death)	
15. Birthplace Mil	Major findings of operations	
16. Informant Hattery Musel San	Autopsy results	stically.
Address Cambridge The 1911	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Coulin Thousand	Where did Injury occur? (City or town) (County) (St	
Location	Injured at home, farm, industry, public place (where?)	
18. Funeral director. Allagues Et J. Schapener	mouns of infant	
Address Camberdal and	23. SIGNATURE Carry M. Of Clar V.	W/O ther
19	Address Pin trule th : Date signed 6	-2 -41

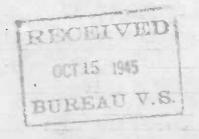


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore 8340

Reg.	Dist.	No.	116

1. PLACE OF DEATH: County Dorchester			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town		state state county Kent			
(If outside city or town limits, write RURAL and give nearest town) How long In above place of death?			City or town		
3. (a) FULL NAME	James	A. Estes		3. (b) Social Security	Number
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced single	MEDICAL CE 20. DATE DF DEATH October 1	ERTIFICATION	.at1aM
		6.(c) It alive, give ageyears	21. I CERTIFY that death occurred on the date about June 11 19.4	45 , to Oct.11	1945
deceased (mo., day, yr	o Octob	per 12 1870	and that I last saw h		
8. AGE: Years	Months 11	30 If less than one dayhrsmin.	Immediate cause of death		duration 1 agy
9. Birthplace Chesterstown, Kent Co Md. (Town, county, and state)		Due to		***************************************	
1D. Usuai occupation		peneer	Due to		2000 00 00 00 00 00 00 00 00 00 00 00 00
12. Name	Chrales A Elkto Eliz	n Cecil Co. Md. Cabeth Frazier stown, Kent Co. Md.	Other conditions General and eriosclerosis— Hemip (Include pregnancy within 3 m	plegia nonths of death)	6 yrs.
18. Informant Hospital Records Address Cambridge, Md.			Antopsy results		
	or removed. Which?)	Date thereof (month) (day) (year) Ly Com Mod	22. VIOLENCE: It death was due to external caus Accident, suicide, or homicide	Date of	(State)
18. Funeral director	Blester	Olis Wells	Meens of Injury 23 SIGNATURE JULY	injured at work?	1 260
19. (Date rec'd by reg	d − 19 45 istrar)	John Macy to	Address Cambridge	M. D. o	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

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CERTIF	ICATE	OF	DEA	TH
CLIVIII	ICAIL	OI.		

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Reg. Dist.	No	116

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn tufants give residence of mother)		
county Dorchester						
Clly or lown Cambridge (If outside city or town limits, write RURAL and give nearest town)			RURAL and give nearest town)	state Maryland county Caroline		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 10 months, 21 days Hospital, Institution, or street address where death occurred: Eastern Shore State Hospital Now long in hospital or institution? 10 months, 21 days				City or town Ridgely (If outside city or town limits, Street No. (If rural, give I	LOCATION)	V
		AUNIANWANN		2.(a) It veteran, name war.		
3. (a) FULL NAM	Ŀ				3. (b) Social Security	Number
	Margar				None	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	Ma	rried	20. DATE OF DEATH October 25	19.4.5	at5::50Am
6 (h) Name of huckand	or wife Harry	Gardn	er	21. I CERTIFY that death occurred on the date above	stated; that I ettended dece	ised trom
				December 4 1944	4 toOctober 2	519.45
7. Birth date of			c) If alive, give age Unk years	and that I last saw h er allve on Octob		
deceased (mo., day,	r.) Septembe			Immediate cause of death		DURATION
8. AGE: Year		Days	tt less than one day	Cerebral Hemorrhage		2 days
62	1	11	hrsmln.			***************************************
9. Birthplace De 1	aware (Town,	county, and	state)	Bue to Arterioslcerosis, Hypertension and Chronic Myocarditis and		
1D. Usual occupation.	nousewile	***************************************		Que to Myocardial Degenera	ation	Unknown
	. Own Home					
12. NameUx	known	•		Other conditions Diabetes		
13. Birthplace U	nknown			Psychosis with Cerebra	l Arterio-	Unknown
ER	Margaret	Howel	1	Psychosis with Cerebral Arterio Unknown (Include pregnancy within 8 months of death) SCIETOSIS Major findings of operations.		
14. Maiden name. 15. Birthplace	-1					
				Oate of op.		
18. Interment Hos	pital reco	rds		Autopsy results		
Address E.S.	S.H. Camb	ridge.	Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address E.S.S.H., Cambridge, Maryland 17.			(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory, SSI Pariso !			ulo!	Where did injury occur?(City or town)	(County)	(State)
Location Redging Mid.			nd.	Injured at home, farm, Industry, public place (when		
18. Funeral director of Buy would B. Maryling			15. Hawling	Meens of Injury	Injured at work?	
Address Screws bus 711de				There has la	Lunius	1/0
25 150 1 2 0 3				23. SIGNATURE Grace M. Branscomb	De, M.D. M.D.	r other
19. (Date rec'd by registrar) Registrar			Registrar	Address E. S. S. H. Cambridge	. Md . Bate signed .	10/25/45

OCT 26 1945 BUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

10053

			116
Reg.	Dist.	No.	16

1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State Maryland county Dorchester		
How long in above place of death? 5 MOS 1 CS Hospital, Institution, or street address where death occurred:			
How long in hospital or institution? 5 MOS.	(If rural, give LOCATION)		
3.(a) FULL NAME James T. Hoffner	3. (b) Social Security Number		
4. Sex Male S. Color or race Nhite S.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH October 9 19.45 at 3.40p m		
S.(6) Name of husband or wife Mary E. Little S.(6) If allive, give age unknown deceased (mo., day, yr.) April 10 1875	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 8 19 45, to October 9 19 45 and that I last saw h. im alive on October 9 19 15 5		
8. AGE: Years Months Days If less than one dayhrs.	Immediate canse of death Hypertensive Cardiovascular Disease unkno		
9. Birthplace. Philadelphia, Penn. (Town, county, and state) 10. Usual occupation. Salesman 11. Industry or business	Due to		
12. Name Henry Hoffner Pennsylvania Sutton 15. Birthplace Unknown	Psychosis with Cerebral Arterioscler- 3yrs.		
16. Informant Hospital Records Address Cambridge, Md.	Antopsy results		
17. BURIA (Barial, cremation, or removal, Which?) Cemetery or crematory. Hillside Cemetrery Location. Hillside, Paral Ser.	Where did injury occur?		
19. 10-11- 19-45- John Marsola. (Data ported by professor)	23. SIGNATURE SIEULI DISMINISTRA M. D. or other		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Date signed 10 20

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Dorcheston City or town Hurlock Cural
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town) Strent No.
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
tillie a. Hudson	3. (b) Social Security Number
4. Sex 5. Chlor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Famale Colored Widowed	20. DATE OF DEATH October 19 18 45 at 7 P. A
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
7. Birth date of deceased (mo., day, yr.) September 15, 1871	and the last saw h U. alive oo
8. AGE: Years Months Days If less than one day	Immediate gause of feath Dynation
74 / 4hrsmin.	Cerebral hemorrhage 2 days
9. Birthplace Dorchester County Mary foul	Due to General Exterischerous 10 yrs +
10. Usual occupation Housework	
11. Industry or business Store	Due to
12. Rame Wasley Nichols 13. Birthpiace Dorchester Courte Manyland	Other conditions Samulaty
	(Include pregnancy within 8 months of deathall, about airmorth's
14. Maideo name Jones Jones 15. Birthpiace Dorchester County Many fand	Major findings of operations
18. Informant Waster Hudson	Autopsy results.
Address Hurlock, Maryland, R. Fo.	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
17. Durial (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If dealh was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Washington Cemetery	Where did injury occur?
Location Near Herbock Maryladd	Injured al home, farm, Industry, public place (where?) Ott. Korrnau
18. Funeral director & Frampton and Son	Means of Injury Assidental falls Injured at work?
Address Federalsburg Many Gand	23. SIGNATURE William C. Harrison MD
19. Oct 2-2 19.445 - Chase Hesting (Dato ree'd by registrar) Registrary	Address Hurlock Md. D. or other Address Date signed 10 20 445

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NOV 3 1945

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(M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30)

			116
Dan	Dist	No	110

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)	
County Dankester	0 0 11.	
(If outside city or town mits, write RURAL and give nearest town)		- 44
How long in above place of death?	(If outside city or town limits, write RURAL and give uearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 407 Pm St	
	(If rural, give LOCATION)	
How long In hospital or Institution?	2.(a) If veteran, name war	**
3. (a) FULL NAME	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single tryarried, widowed, or divorced	MEDICAL CERTIFICATION	
Semole Colord many	20. DATE DF DEATH. COLONE 7 19. Y.1. 21 9.1 1. Y.A.	hM
Calent Inn	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
b.(b) Name of husband or wife	Deslember 10 19 45- 10 October 2 1945	
7. Birth date of	and that I last saw h alive on	5
deceased (mo., day, yr.)	Immediate cause of death	
8. AGE: Years Mgmhs Days If less than one day	Menic Coma 2 day	1
5-4 3 2hrsmin.		r
9. Birthplace Bucktown Dontal G Md	Due to aut Neghiti 6 wk	2;
(Town, county, and state)		
10, Usual occupation	Due to	
11. Industry or business		
12. Name. Classes Comper	Other conditions Wyperland 18 mm	
	(Include pregnancy within 3 months of death)	
14. Malden name Panden 15. Birthplace NongCom		
S Statistica N. D. O.Cara D	Major findings of operations.	•••••
Sea - M Millon.		******
16, Informant	Autopsy results	,
Address 407 Pm of Combudge Mad	22. VIOLENCE: It death was due to external causes, till in the following;	
(Burlai, eremation, of removal. Which?) (Burlai, eremation, of removal. Which?)	Accident, suicide, or homicide	
(Buriai, eremation, of removal. Which?) (month) (day) (year)		
Cemetery or crematory	Where did injury occur?	
Location Cambridge VU 9	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Lewis ABaynes	Means of Injury Injured at work?	
Address Cambridge MI	23 SIGNATURE Consel M At class Mrss	
19. 10-10-19 ds John Mace Ja Me	M, D, ur uther	*****
19. (Date ree'd hy registrar) Registrar	Address Jun Valu Th Date signed 10 - 9 - 4	5

ATTIVATO DO TREMINACIO STATE GUARDANI DE PROCEDE DE SERVICE DE LA COMPENSA DEL COMPENSA DE LA COMPENSA DEL COMPENSA DEL COMPENSA DE LA COMPENSA DEL COMPENSA DE LA COMPENSA DE LA COMPENSA DE LA COMPENSA DEL COMPENSA DEL COMPENSA DE LA COMPENSA DEL COMPENSA DEL COMPENSA DE LA COMPENSA DEL COMPENSA DE LA CO

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OCT 15 1945

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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And				111
7	Reg.	Diat.	No.	110

County Dorchester	(For newhorn infants give residence of mother)		
Cambridge (Rural)	State Maryland county Dorchester		
City or town	City or town Cambridge (Rural) (If outside city or town limits, write RURAL and give nearest town) Street No. R.F. D.#1 box 34 (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Ellen R.Keene			
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female Colored Married	20. DATE DF DEATH October 19, 1945 19		
6.(b) Name of husband or wife Earl Keene 6.(c) If alive, give age 43 years 7. Sirth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
deceased (mo., day, A.)ebruary 29, 1908 8. AGE: Years Months Days If less than one day	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Pulmonary Haemorrhage x		
9. Birthplace Maryland (Town, county, and atate) 10. Usual occupation Housewife 11. Industry or business Home 12. Name Harry Keene 13. Birthplace Maryland 14. Maiden name Aurilla Banks 15. Birthplace Maryland 16. Informant Estelle Ennals Address Cambridge, Md. R.F.D.#1	Due to at Henriton from 1939 until July 7, 1945 Dither conditions X (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autupsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. (Burial, cremation, or removal Which?) Cemetery or crematory Location 18. Funeral director Address 19. (Date rec'd by registrar) Registrar	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		

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OCT 24 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

City or lown	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 2
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	
ATT: San	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1. 0 0	
finish colony single	20. DATE OF DEATH Cholen 5- 19. 4 J. 21 2.30 pm. M
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) If alive, give ageyears	Cenquest 12 19 44, 10 Oclober 5 19 45
7. Birth date of deceased (mo., day, yr.) and 29 1896	and that I las saw h alive on Calotte 3- 19 43-
8. AGE: Years Months Days If less than one day	Immediate cause of death
49 5 6min.	Carring June 3 min
9. Sirthplace (Town, county, and state)	Due to
10. Usual occupation. donute	
11. Industry or business	Due 1o.
12. Name	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden same Darsh Princht 15. Birthplace Cleurch Cruck M	Major fiedings of operations.
E 15. Birthplace Much Cruk M	Date of on.
16. Informant Thelms Company	Antopsy results
Address 6 Pm of Combal Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
AUDITESS & Grand A Company (1)	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cremation) or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Cantucky	Where did injury occur?
(. h)	
Location Constitution	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Combide My	P. M. Ot CO as MA
12-12- 15 Q.J. man Q.3	23. SIGNATURE. M. D. or other
19	Address An Acida At Date signed 6.9-42

RECELVED OCT 15 1915 BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	Neg. Dist. 110:		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Dorchseter	(For newborn Infants give residence of mother) State. Maryland County Dorchester		
City or town			
How long in above place of death? 5 Years	City or town		
Hospital, Institution, or street address where death occurred:	Washington St.		
Hospital, institution, or street address where death occurred: Cambridge Maryland Hospital	Street No. (If rural, give LOCATION)		
How long in hospital or institution? 3 Days	2.(a) If veteran, name war.		
3 (a) FULL NAME	3. (b) Social Security Number		
Colonoa D. Moore	o. (o) because stands		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE DE DEATH OCTALOS 20 19.45 at 11-20 M		
TIL: T Moome			
6.(b) Name of husband or wife Eliza J. Moore	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of The state of T	13 4 to 10 Court 19 45		
7. Birth date of deceased (mo., day, yr.) Feb. 4, 1876.	end that I last saw h		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
69 8 16 hrs. min.			
	wrear of Coronary Millian Lyn		
9. Birthplace Madison, Dor. Co., Maryland. (Town, county, and state)	Due to.		
Cohler	Marice Myorarders 2-122		
10. Usual occupation	Due to franchis		
TT. History of Cosmoo	J. y sadhown		
12. Name W. Gladstone Moore 13. Birthplace Madison, Md.	Other conditions sulanges frontate 2-1 yr		
	(Include pregnancy within 3 months of death)		
14. Maiden name Nancy Hart 15. Birtholace Maryland.			
15. Birthplace Maryland.	Major findings of operations		
	Date of op		
16. Informant Mrs. Lottie J. Moore	Autopsy results		
Address Secretary, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial Burial Date thereof Oct. 22, 1945 (Burial, cremation, or removal, Which?)			
	Accident, suicide, or homicide		
Cemetery or crematory Dorchester Memorial Park	Where did injury occur?		
Cambridge, Maryland.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director LeCompte's Funeral Service	Means of Injury Injured at work?		
Address Cambridge, Maryland.	On R M. M.O		
Audiess 2 2 2 2	23. SIGNATORE M. D. or other		
19. (Date rec'd hy registrar) Registrar	Addless Cambridge Md. Date signed fift 12/4		
(Later 1 to State 1)			

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (360)

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Mary.	Reg.	Diat.	No.	//	6

1. PLACE OF DEA	Danah	ester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County			State Maryland County Dorchester			
City or town(If o	utside city or town lim	bridge its, write RURAL and give nearest town)				
		ral years	Cliy or town			
Hospital, Institution, or	street address where de	ath occurred: Lane	Street No. 13 Schoolhouse Lane			
			(If rural, give LOCATION)			
		X	2.(a) If veteran, name war			
3. (a) FULL NAME			3. (b) Social Security	Number		
	Anna Ma	rie Perry	All the state of t	100		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female	Colored	Widowed	20. DATE OF BEATH October 18 19.45	, st Noon K		
B.(6) Name of husband or wife Charles F. Perry			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
			19			
7. Birth dats of November 23, 1892			and that I last saw hXalive on			
deceased (mo., day, y	Months	Oays If less than one day	Immediate cause of death			
8. AGE: Years 52	10	25	Chronic Myocarditis			
9. Birthplace. Maryland (Town, county, and state)			Due to Cardio-Renal-Wascular			
William Town	(Town, ed		Syndrome	l year		
10. Usual occupation		e	Oue to	*** ***********************************		
11. Industry or business						
12. Name	harles H.	Banks	Other conditionsX			
13. Birthplace		Md.				
ER T	Eliza W	arfield	(Include pregnancy within 3 mouths of death)			
14. Malden name 15. Birthplace	······································	Md	Major findings of operations			
		rry	Autopsy results.			
Address 4	46 High S	t. Cambridge, Md.	PHYSICIAN: Please underline the cause to which death should be charged	stausucany.		
17. Burial cramation	or removal, Which?)	Oate thereof (mouth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	***************************************		
Cemetery or cremator	1	netry	Where did injury occur?			
cemetery or cremator	0	1. 221				
Location	Guilo	4/10	Injured at home, farm, Industry, public place (where?)			
1B. Funeral director	Lewis !	N. Dagueles	Means of Injury Injured at work?	0		
Address	Bamb	al med.	Jos. 18. Shriver - Def.	Mid Exam.		
10 10-6	22-10-45	10-22-45	JIGNATURE M. D			
(Date rec'd hy reg	22 - 19 45 (distrar)	Registrar	Address Cambridge, Md. Date signed	Oct. 18/45		

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OCT 24 1945
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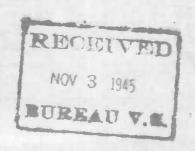
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

10059 ** Reg. Dist. No. 115

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county Dorchester	state Maryland county Dorchester		
City or town Toddville (If outside city or town limits, write RURAL and give nearest town)	City or jown Toddville		
How long in above place of death? Life	City or town Toddv111e (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Streel No. Rural		
Home	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
BESSIE MAY PHILLIPS.	x		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE DF DEATH. October 2, 19.45 25.33 A.M		
6.(b) Name of husband or wife Goldshorough Phillips. 5.(c) If allve, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45, to Ref. 19.45. and that I last saw h		
deceased (mo., day, yr.) 1/7/1896	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Shoflefa 12 hours		
49 8 25hrsmin.			
9. Birthplace Toddville, Md., (Town, county, and state)	Due to		
10. Usual occupation	Due to		
11. Industry or business Home			
質 12 Name Milbourn Todd	Other conditions		
3. Birthplace Md.	(Include pregnancy within 3 months of death)		
14. Maiden name. Lola A. Jones.			
14. Malden name Lola. A. Jones	Major fisdings of operations		
	Date of op.		
16. Informant Goldsborough Phillips	Autopsy results		
Address Toddville, Md.			
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial Date thereof 10/4/19.45 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Zion Church Cemetery	Where did injury occur?		
	Injured at home, farm, Industry, public place (where?)		
Location Toddville, Md.,	Means of Injury Injured at work?		
18. Funeral director LeCompte Funeral Service.			
Address Cambridge, Md.	23. SIGNATURE P. 74. Tarres		
	M D or other		
19. Oef 4 19.45 Wilson & site Legs. (Date red'd by registrar) Registrar	Address Constitution had Date signed 12/2/45		



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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	1	00	6	0.	/	
Reg.	Dist	No.		//	6	

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (If outside city or town limits write RURL and give nearest town) Street No. (If rural give LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced Wale white widowed 6.(b) Name of husband or wife Edith Single 5.(c) If alive, give age years 7. Birth date of	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19.45 to 19.45 and that I last saw himmalive on 2.15 to 19.45
8. AGE: Years Months Days If less than one day 76 20	Immediate cause of death Carcinoma Cf. Liver Due to.
11. Industry or business 12. Name. Peter Turglu 13. Birthplace 14. Maiden name. Quita - unbusines 15. Birthplace	Dither conditions
16. Informant Address 17. Dural (Burial, cremation, arkemoval Which?) Cemetery or cremation Location	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tf death was due to externat causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Dewettle R. Howwas Address 19	Meens of tnjury Injured at work? 23 SIGNATURE Clarify Hospital M. Det signed 10-16-45



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	111
Reg Dist No	

18e	2411 N. Charles St., Baltimore (157-2)						
Poet	CERTIFICAT	TE OF DEATH Reg. Dist. No.					
on carefully. The correlearly and legibly.	1. PLACE OF DEATH: County City or town. City or town. City or town limite, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State					
information of death cle	Journa of	1 3. (b) Social Security Number					
of	4. Sex 5. Color or race 6.(a)Slingle, married, wildowed, or divorced single	MEDICAL CERTIFICATION 20. DATE DE DEATH. St. 1945. 114-30 P. M					
the	8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from					
	7. Birth date of deceased (mo., day, yr.) Cot 13 - 1945	and that I last saw h					
Supp	8. AGE: Years Months Days If less than one day X 4	Due to Jan					
ADING INK. Physicians: pl	10. Usual occupation	Oue to.					
Cr.	12. Name Benjamin to Samufami	Other conditions					
WITH UNI	14. Maiden oame Edward Mary Jackson 15. Birthplace Mary Card	(Include pregnancy within 8 months of death) Major findings ol operations					
. 5	16. Informant Berij. F. Samler. Address East New Market Med	Autopsy results					
E is	Date thereof Jet 18 194 V (Sturfal, cremation, or removal, Which?) Cemetery or crematory	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide					
E WRITE	18. Funeral director The Long of the Long	Injured et home, farm, Industry, public place (where?)					
PLEAS	Address 6 & St. Janu Wallet. 19. Oct (Secretary) (Data real by registrary) (Data real by registrary)	23 SIGNATURE M. D. or other Address Panbridge - Med Bate stomed Pat 18/14					

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants glygresidence of mother)
	State Margland county Darchester
City or town (If outside city or town limits was NUTAL and give nearest town)	000000000000000000000000000000000000000
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Cambridge Mercland Hospital	Sireel No. 7 (If rural, give LOCATION)
How long in hospital or institution? approximately 11 house	2.(a) If veteran, name war.
3. (a) FULL NAME	3.(b) Social Security Number
Lola WRIGHT	Thores 214-07-
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Terasts White Widow	20. BATE DF DEATH. October 19 1945, 21 9:558. N
8.(b) Name of husband or wife Geores C. Shores	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(Deceased ////2/1939) 6.(c) If allre, give age years	October 18th 1945 10 October 1945
7. Birth date of deceased (mo., day, yr.) DEC, 6, 1895.	and that I last saw here alive on OCLARE 945
8. AGE: Years Months Days If less than one day	Immediate cause of death
49 (49) 1010 13min.	Contrie House Tokons
9. Sirihplace Rich mond Virginia (Town, confly, and atate)	Due to Carcinoma & Stomach 1907?
10. Usual occupation Phillips Packing Co.	cuith
	Due to Metastasin to have
11. Industry or business Canned Goods	
12 Name Altonsa Wright	Other conditions Profound anessua
[13. Birthplace Richmond, Va.	(Include prognancy within 3 months of death)
14. Maiden name	Major findings of operations.
E 15. Birthplace	Date of op.
18 informant Mabelle Shores	Antopsy results 24 5 CM
Address 442 Willis St.	PHYSICIAN: Please underline the cause to which death should be charged atatistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof Det 23, 1945 (month) (day) (year)	Accident, suicide, or homoide
Cemetery or crematory GREEN/awn Cemetery	Where did injury occur?
Location Cambridge, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lee Camptair Funeral Service	Means of injury Injured at work?
Address Cambridge Maryland.	Clds: do Hand Olland
10-1 2 0.3	23. SIGNATURE.
18. 10-22- 19. 4.5 How Many (Date rec'd by registrar)	Address ausbridge Md Date signed 10-19-45

THE ARE TO THE WITTER SECURITION OF A PERSON.

RECEDIED OCT 24 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

114

		CERTIFICA	IE OF DEATH	Reg. Diat. No.
1. PLACE OF D	hester		2. USUAL RESIDENCE (HOME) 0 (For uewborn jufauts give residence of	
Ca	mhridee		State Maryland co	unty Dorchester
(11	ce of death? 6.3	mits, write RURAL and give nearest town)	City or town Cambridge	s, write RURAL and give nearest town)
How long in above pla Hospital, Institution, i	ce of death?	#	Street No. 210 Oakley	St.
210 0a	kley St.		Street No. (If rural, give	LOCATION)
How long in hospital	or Institution?		2.(a) If veteran, name war	
3. (a) FULL NAM	Joh:	n Bell Spedden		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Male	White	Married	20. DATE OF DEATH & Ch 2/	
a	or wife Maud	e Cook	21. I CERTIFY that death occurred on the date ab	
i.(v) Name of husban		6.(c) if alive, give age 78 year	19.	T1, 10 8 6 2/ 19 99
7. Girth date of	Oct 1		and that I last saw halive on	D / 9 1991
deceased (mo., day	1 3	Days If less than one day	Immediate cause of death	OURATION
85	-	17hrsmin	Zaoron,	y do
9. Sirthplace Neck District, Dor. Co., Md., (Town, county, and state) 10. Usual occupation Retired Merchant			Due to.	
11. Industry or busing	ufus Sped	den		•
			Other conditions	
13. 6irthplace Maryland			{Include pregnancy within 3	months of death)
14. Maiden name Elizabeth Marshall 15. 6irthplace Maryland. 16. tnformant Mrs. Hubert Applegarth			Major findings of operations.	
15. 6irthplace	Marylan	d.•		Date of op.
16. Informant Mrs. Hubert Applegarth			PHYSICIAN: Please underline the cause to w	Lil Just should be abound statistically
Address Fi	shing Cre	ek, Maryland.		
Burial Date thereof Oct 23, 1945 (Burial, cremation, or removal, Which?)			22. VIOLENCE: If death was due to external ca	
(Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory, Cambridge Cemetery				
Cemetery or crematory Cambridge Cemetery Location Cambridge, Maryland.				
			Injured at home, farm, industry, public place (v	here?)
18. Funeral director.	LeCompte	's Funeral Service	Means of Injury	Injured at work?
Address	Cambridge	, Maryland.	Mulh	my home
19	3- 19-45 registrar)	- Joh Mary & M. Registra	23. SIGNATURE	M, D. op other

PLEASE WRITE PLAINLY, WITH ENFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



2411 N. Charles St., Baltimore

10064

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 4 Mths.			••••••••••••••••••••••••	State Maryland County Dorchester City or town (If outside city or town limits, write RURAL and give nearest town)		
			URAL and give nearest town)			
Hospital, Institution,	or street address where	death occurred		Street No. Glasgow St.		**********
				(If rural, give	e LOCATION)	
			***************************************	2.(a) If veteran, name war		
3.(a) FULL NAME Fedora Stauffer Tripp			auffer Tripp		3. (b) Social Security	Number
4. Ser	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	White		rried	20. DATE OF DEATH. Oct	. 24 19 45	7: P
a (I) Normal broken	d or wife Jul	ian Tr	ipp	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended dec	eased from
b.(c) name of nusband	u or wite) If alive, give age 69 years	Juns 26 19	45 to Oct. 2	4 1945
7. Birth date of	Tom) If allve, give ageyeara	and that I last saw heamalive on		19.45
deceased (mo., day,		23, 18		Immediate cause of death		DURATION
8. AGE: Yea 62	Months 9	Days 2	tf less than one dayhrsmin.	Jeni-plezi	a heft	11 hours
Ne	wark, Ne	w Jers	еу	Purto asterios eles	20121	***************************************
	(Town	conniv and a	tate)	generolis	ed.	1sear+
1D. Usual occupation.	Domesti	C	••••••	Bue to		
11. Industry or busine	Home			DUE 10	••••	
12. Name	J. B. Th	ompson		Diber conditions		
Y 12 Birthalasa	New Jers	ev				
	Sarah L	ouise	Stauffer	(Include pregnancy within 3		
14. Malden name	Pennsyl	venie	***************************************	Major findings of operations		
					Date of op	
16. Intermant MT	. Julian	Tripp)	Antopsy results		
Address Glasgow St., Cambridge, Md.			ridge, Md.	PHYSICIAN: Please underline the cause to w		statisticany.
Burial Oct 27 1945			.Oct. 27. 1945	22. VIOLENCE: tf death was due to external ca		
(Burial, crematio	n, or removal. Which) Date there	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Spring Hill Cemetery				Where did injury occur?(Oity or town)	(Connty)	(State)
Location Easton, Manyland.				Injured at home, farm, industry, public place (v	where?)	•••••
			eral Service	Means of Injury	Injured at work?	
				Dan A	11	11. 8
Address	Cambridg	e, Mar	yrand.	23. SIGNATURE CLASSEDS	E X-CUDY	MYN
" Oct	27-104	1	hen mare	mayou a A	· New ////	or other
(Date rec'd by r	egistrar)	- Coffin	Registrar	Address	1/10 Date signed	10-20 73

PLEASE WRITE PLAINLY, WITH UNFADINGMINK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bio

CERTIFICATE OF DEATH

10065	
Reg. Diat. No. //6	•••

1. PLACE					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
County Dorchester		State Maryland County Dorchester					
City or town	(If outs	County State. County Co					
	How long In above place of death? 33 JOSES		(If outside city or town limits,	write RURAL and give neare	st town)		
		eel address where d			Street No. 314 Pine Street	ot	******
314	ine S	treet (ho	me.)	*****	(If rnral, give I	LOCATION)	
How long In h	ospital or to	stitution?	dip dip di		2.(a) if veteran, namo war		
3. (a) FUL	LNAME					3. (b) Social Security No	ımber
		Mary	VA.Wat	ers		none	
4. Sex	5	. Color or raco	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
femal	le	colored	7.	ridow	20. DATE DF DEATH October 23	19.4.5 a	2:00 AM
		Tilie	he liet	ers	2t. I CERTIFY that death occurred on the date above		
B.(b) Name of	husband or	Wilewahahah	indistruction de	4.5	April 26 19.4		
7. Birth date o			6, (0	tt alive, givo ageyears	and that I last saw h.C.T. alive on Oct		
	no., day, yr.)	Februs	rv 17.	1868	Immediate cause of death	-	DURATION
8. AGE:	Years	Months	Days	It less than one day	Uremia		4-5 days
	77	9	6				
9. Birthpiace.	Jur	lock, Mar	yland	tate)	Due to rterioscleratic ce	rdio-vascular	*****
					renal disease		l year+
1D. Usual occ	upation	Louse vor	. K		Due to rteriosclerosis se	eneralized	l vear+
tt. industry o	r business	oun home					
H 12 Name	Nath	an Jackso	n		Other conditions Blindness, Bil	lateral due to	
13. Birthe	alaco M8	an Jackso					l ear+
					cataracts (Include pregnancy within 3 me	onths of death)	
14. Maide 15. Birth	en name	Joanna i	anleli	9 4	Major findings of operations		
15. Birth	place	Maryland			***************************************		
1D Interment	Fou	ston Wate	rs		Autopsy results none		
					PHYSICIAN: Please underline the cause to whi	ch death should be charged str	atistically.
		idge, Mar	Aland		22. VIOLENCE: If death was due to external cause	es, fill in the following:	
17	Date thereof 10-28-45 Accident, suicide, or homicide. Date of						
(Durial, C	remation, or	where did injury occur? (City or town) (County) (State					
Location	Eurlo	ck, Maryl	and .	Injured at home, farm, industry, public place (where?)			
18. Funeral d	lirector	Lewis Ha	Baymer	<u>m</u>	Means of Injury	injured at work?	
Address		ridge, Ma			200.0	140/01/9	2 (
			-0.00		23. SIGNATURE CAREAGE	M. D. or	other
19. (Date rec'd by registrar) Registrar				Registrar	Address Cambridge Marylan	Date signed	10-23-45

COL 26 HAS

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-2

10066

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cambridge	State Maryland County Dorchester
till of town.	Combridge
How long in above place of death? 20 Yrs.	(If outside city or town limits, write RURAL and give nearest town) 6 ROSS St.
Hospital, Institution, or street address where death occurred:	Street No. (If rursi, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Lula May Wingate	214-07-7675
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH Oct. 11,19.45 at 10:45 m
8.(6) Name of husband or wife. Otto Wingate 6.(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Most 26 1909	and that I but saw half alive on 19 19
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
53 4 15hrsmin.	Carlinoma of
	2.1/1.0°.1.
9. Birthplace Dorchester County, Maryland. (Town, county, and state)	Due to
10. Usual occupation Phillips Packing Co.	
11. Industry or business Canned Foods Packer	Due 10.
[12. Name Henry Willey	Other conditions
13. Birthplace Maryland.	
14. Maiden name Ada Bramble 15. Birihplace Maryland. 16. Informant Mrs. Wm. W. Jones	(Incinde pregnancy within 3 months of death)
Merri and	Major findings of operations. Nous
≥ 15. Birthplace MIGGE & LOUING	Autopsy results. 2002
1 At Intelligent the control of the	Autopsy results
Address Cambridge, Maryland.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burial Date thereof Oct. 14, 1945 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Dorchester Memorial Park	Where did Injury occur?
Location Cambridge, Maryland.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Le Compte's Funeral Hervice	Means of Injury Injured at work?
Address Cambridge, Maryland.	Clarider Herofflus
19. (Date ree'd by registrar) 19 45 John Mace & M. Registrar	23, SIONATURE M. D. op other
(Date rec'd by registrar) Registrar	Address Cambrille Male signed 073 45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 89

CERTIFICATE OF DEATH

Reg. Dist. No.116.

1. PLACE OF DEATH: County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in ebove place of death? 2 Years Hospital, Institution, or street address, where death occurred: 1 Harrington Ave. How long in hospital or institution? 3. (a) FULL NAME Anna Kaiser Wiser				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infinits give residence of mother) State Maryland County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nesrest town) 1 Harrington Ave. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number							
						4. Sex	5. Color or race		married, widowed, or divorced	MEDICAL CI	ERTIFICATION
						Female	White	Wi	dowed	0	ct. 10, 45 4: P
							117.2.2.2.2.2	- D	767.2		
						6.(b) Name of husband	or wife	am K.	Wiser	21. I CERTIFY that death occurred on the date about 195	
						(Dece	ased 1942	6.(c)	If alive, give ageyears		610
						T. Birth date of deceased (mo., day, yr.) Dec. 26, 1878.				and that I last saw h alive on	DURATION
						B. AGE: Years		Days	If less than one day	Impediate caose of death	DUNATION
65	9	14	hrsmin.	Ntewnil	The File						
Beltimore Maryland				- F l-							
9. Birthplace Baltimore, Maryland. (Town, county, and state)				Oue to	be low						
10. Usual occupation. Domestic				Bue to Que	7 / 90						
11. Industry or busines				Due to.	_ Cerrin						
E 12. Name. George Kaiser				Other conditions							
E 13. Birthplace Maryland.				V							
E 14. Malden name Anna Kaiser				(Include pregnancy within 3 r	months of denth)						
14. Malden name Anna Kaiser 15. Birthplace Maryland. Mr. Wm. R. Wiser				Major findings of operations							
15. Birthplace	Marytanc	Le			Date of op.						
16. Informant Mr. Wm. R. Wiser				Actopsy results.							
Address 1273 63rd. St., Baltimore, Md.				PHYSICIAN: Please underline the cause to wi							
	ial , or removal. Which?		Oct. 13, 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide							
Cemetery or crematory Greenlawn Cemetery				Where did injury occur?(City or town)	(County) (State)						
Location Cambridge, Maryland.				Injured at home, Talm, Industry, public place (w							
18. Funeral director Le Compte 's Funeral Service				Masas of Injury	Injured at work?						
Address Cambridge, Maryland.				Stephy	, chuy him						
		-01	- Mace Ja Do	23. SIGNATURE	M. D. on other						
19.	19	- Xou	Registrar	Address	h Nate signed /0 -/ 2						

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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